

DOMESTIC PROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE: \$15.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION  
175 PAAOKALANI AVE. #300  
HONOLULU HI 96815

B17 00108906 13- 4/11/95 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR. DEL MAR CA 92014
*V	TOMITA, SHIGERU	6175 MAKANIGLU PL. HON HI 96821
*T/O	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*S/A/S	NISHIDA, YASUO	98-054 HOKUIWA ST #111 MILILANI, HI 96789
*S/D	YAMAMOTO, IWANE	5-45-2 MATAUBARA SETAGAYA KU TOKYO JA 156
*O	MUKAI, FRANKLIN K	1140 WAIHOLE ST. HON HI 96821

RECEIVED  
BUSINESS REGISTRATION  
DIVISION

APR 3 2 12 PM '95

DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: Feb 22, 1995

*De Smith*

VICE PRESIDENT

(OFFICE HELD)

SIGNATURE OF AUTHORIZED OFFICER,  
If Attorney-in-fact signs, attach power of attorney  
FILE NO.0077678D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
(see reverse side for instructions)



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DOMESTIC PROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$15.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994  
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.  
175 PAOKALANI AVE #300  
HONOLULU HI 96816

B17 10118404 13- 4/11/95 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give  
Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 20,000
CLASS/SERIES COMMON	NUMBER 16,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state (INACTIVE))

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-SEIJO SETAGAYA KU TOKYO JA
*S/D	YAMAMOTO, IWANE	5-4-62 MATAUBARA SETAGAYA- KU TOKYO JA 156
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AT	NISHIDA, YASUO K	95-054 HOKUIWA #111 MILILANI, HI 96789
*B	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821
*V	TOMITA, SHIGERU	6175 MAKANIOLU PL HON HI 96821

APR 3 2 12 PM '95  
RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: 3/30/95

*DR. John L.*

U.P.

(OFFICE HELD)

SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
FILE NO. 0061260D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
Rev. 12/90 (see reverse side for instructions)

B17 15  
B22



DOMESTIC PROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE: \$15.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.  
95-176 KUAHELANI AVENUE  
MILILANI HI 96789

DATE 10 APR 21 1994 TRANS  
95-176 KUAHELANI AVENUE MILILANI HI 96789  
TOTAL AMOUNT \$ 15.00  
0065719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 20,000
CLASS/SERIES COMMON	NUMBER 10,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state (INACTIVE).)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*AT	NISHIDA, YASUO	95-054 HOKUIWA #111 MILILANI HI 96789
*D	MUKAI, FRANKLIN	1140 WAIHOLE ST HON HI 96821
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-K U TOKYO, JAPAN 156
*AS	TSUJIMOTO, TAKUYA	160 HOAUNA ST WAILUKU HI 96793

10 APR 21 1994  
0065719D1  
RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
HONOLULU  
HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: Feb 21, 1995

*James H. Ito*

Assistant Treasurer

(OFFICE HELD)

SIGNATURE OF AUTHORIZED OFFICER,

If Attorney-in-fact signs, attach power of attorney

FILE NO. 0065719D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
Rev. 12/90 (see reverse side for instructions)

B17

B22



DOMESTIC PROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$15.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

*Jan K. K.*

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994  
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.  
2545 KIAHUNA PLANTATION DRIVE  
KOLOA, HAWAII 96756

B17 00070418 2- 1/02/96 15.00  
B22 00070419 2- 1/02/96 10.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:  
GOLF COURSE OPERATION  
(To correct, line out and print corrections below. If inactive during the period, state (INACTIVE).)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) INCLUDE NUMBER & STREET, APT. NO., CITY, STATE, ZIP CODE
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETACAYA-KU TOKYO, JAPAN
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR, CA 92014
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO, JAPAN
*AT	NISHIDA, YASUO	95-054 HOKUIWA ST., #111 MILILANI, HI 96789
*D	MUKAI, FRANKLIN K.	1140 WAIHOLO ST. HONOLULU, HI 96821
*S/D	YAMANOTO, IWANE	5-45-2 MAISUBARA SETAGAYAKU TOKYO JA
*AS	TSUJIMOTO, TAKUYA	160 HOAUNA ST. WAILUKU, HI 96793

RECEIVED  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII  
MAY 22 1997 AM 10:55  
BUSINESS REGISTRATION  
DIVISION

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS  
 The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: November 14, 1995

*Jan K. K.*

P  
OFFICE HELD

FILE NO. 63818-D  
Rev. 12/90

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(see reverse side for instructions)

B17 15  
B22 70

DOMESTIC PROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$15.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

*XEN*  
1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.  
360 PUKALANI STREET  
PUKALANI HI 96788

DATE ID T SEQ# FILE# TRAN#  
95/03/30 B17 4 103-LINE 4-3510  
TOTAL AMOUNT \$ 15.00  
69566D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJU SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	19749 CONDESA DR DEL MAR CA 92014
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
*AT	NISHIDA, YASUO	95-054 HOKUIWA ST #111 MILILANI HI 96788
*D	MUKAI, FRANKLIN K	1140 WAIHOLO ST HON HI 96821
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-KU TOKYO JA
*AS	TSUDIMOTO, TAKUYA	160 HOAUNA ST WAILUKU HI 96793

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: 3/19/95

*T. Smith*

Asst. Secretary  
(OFFICE HELD)

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

FILE NO.0069566D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
Rev. 12/90 (see reverse side for instructions)

B17  
B22



DOMESTIC PROFIT CORPORATION

MADE REMITTANCE PAYABLE TO:  
FILING FEE: \$15.00STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

## DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1994

## CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION  
175 PAOKALANI AVE. #300  
HONOLULU HI 96815

B17 00108905 13- 4/11/95 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	8-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
*V	TOMITA, SHIGERU	8175 MAKANIOLU PL HON HI 96821
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA MERIMA-KU TOKYO 176 JAPAN
*AS/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET HONOLULU HI 96821
*AS	NISHIDA, YASUO	95-084 HOKUIWA ST #111 MILILANI TOWN, HI 96789
*S/D	YAMAMOTO, IWANE	8-45-2 MATSUBARA SETAGAYAKU TOKYO JA 156

MA 3 2 12 PM '95  
RECEIVED  
BUSINESS REGISTRATION  
DIVISION

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

## CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: Feb 22, 1995*De Smith*

VICE PRESIDENT

OFFICE HELD:

SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)FILE NO. 0079478D1 (File this original copy. Photo copy will not be accepted. Keep photo copy for your records.)  
Rev. 12/90 (see reverse side for instructions)B17 12  
B22

DOMESTIC PROFIT CORPORATION  
MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$15.00STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMERS AFFAIRS  
BUSINESS REGISTRATION DIVISIONORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

## DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

## CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION  
175 PAOKALANI AVE. #300  
HONOLULU HI 96815

B17 0010/074 13- 3/12/96 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*V	TOMITA, SHIGERU	6175 MAKANIOLU PL. HON HI 96821
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AS	NISHIDA, YASUO	95-054 HOKUJIWA ST #111 MILILANI, HI 96789
*S/D	YAMAMOTO, IWANE	5-45-2 MATAUBARA SETAGAYA KU TOKYO JA 156
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST. HON HI 96821

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

## CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: Feb. 21, 1996

SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

(OFFICE HELD)

U. P. VICE PRESIDENT

FILE NO.0077678D1  
Rev. 12/95B175  
B22

FILE 29  
1-45 PM  
BUREAU OF BUSINESS REGISTRATION  
DEPARTMENT OF COMMERCE AND CONSUMERS AFFAIRS  
HONOLULU, HAWAII  
FEB 29 1996

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$15.00STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

## DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

## CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.  
175 PAOKALANI AVE #300  
HONOLULU HI 96815

817 0010/U/6 15-312746 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	16,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIQ	6-20-SETJO SETAGAYA KU TOKYO JA
*S/D	YANAMOTO, IWANE	5-4-52 MATAUBARA SETAGAYA- KU TOKYO JA 156
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AT	NISHIDA, YASUO K	95-054 HOKUIWA #111 MILILANI, HI 96789
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821
*V	TOMITA, SHIGERU	6175 MAKANIOLU PL HON HI 96821

FE 29 / 49  
96/11/29  
RECEIVED  
DEPARTMENT OF  
COMMERCE AND CONSUMER  
AFFAIRS  
REGISTRATION  
DIVISION

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

## CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: Feb. 21, 1996

VICE PRESIDENT

(OFFICE HELD)

FILE NO.0061260D1  
Rev. 12/95

SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

B1715  
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:  
FILING FEE: \$15.00STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISIONORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

## DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

## CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.  
95-176 KUAHELANI AVENUE  
MILILANI HI 96789DATE 10 1 9688 FILE# TRANS  
96/03/12 B17 4 716 LINE 4-3855  
TOTAL AMOUNT \$ 15.00  
6571991

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	10,996

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-K U TOKYO, JAPAN 156
AS AT	TSUJIMOTO, TAKUYA	180-HOATMA ST WATLUKU HI 96793 HI 96729
AT AS	NISHIDA, YASUO	95-054-HOKUIWA-#444 MILILANI HI 96789 160 Hoana Rd. Waihala
T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
D	MUKAI, FRANKLIN	1140 WAIHOLA ST HON HI 96821 HI 96730
V/D	SATOSHI KINOSHITA	1139 Makaiwa St. Honolulu, HI. 96816

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

## CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.

The above information is true and correct with changes so noted.

DATE: February 14, 1996

*James Yoshida*Assistant Secretary  
(OFFICE HELD)SIGNATURE OF AUTHORIZED OFFICER,  
(if Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)FILE NO.0065719D1  
Rev. 12/95B17  
B22

DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$15.00STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMERS AFFAIRS  
BUSINESS REGISTRATION DIVISIONORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

## DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.  
2545 KIAHUNA PLANTATION DRIVE  
KOLOA HI 96756DATE ID 1 SER# FILE# TRANS#  
96/01/08 B17 4 316 -LINE 4-3945  
TOTAL AMOUNT \$ 15.00  
6321801

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA ←
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
*AS AT	TSUJIMOTO, TAKUYA	460-110ANNA ST WAIKUKU HI 96793 15-186 WAIKUKU PL MAUNA HI 96793
*AT AS	NISHIDA, YASUO	95-054 HOKUWA ST MILILANI HI 96789-160 HOKUWA ST WAIKUKU HI 96793
*D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HDN HI 96821 ←
*S/D	YAMAMOTO, IWANE	5-34-2 MATSUBARA SET TOKYO JA 156
V/D	KINOSHITA, SATESHI	1139 MAKAIWA ST HON HI 96826 ←

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

## CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: March 10, 1996James I. Shinko

Assistant Secretary

(OFFICE HELD)

FILE NO.0063818D1  
Rev. 12/95SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)B17  
B22

**DOMESTIC PROFIT CORPORATION**

STATE OF HAWAII

MAKE REMITTANCE PAYABLE TO:  
FILING FEE \$15.00

DEPARTMENT OF COMMERCE AND CONSUMERS' AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

**CORPORATE NAME AND MAILING ADDRESS:**

SPORTS SHINKO (PUKALANI) CO., LTD.  
360 PUKALANI STREET  
PUKALANI HI 96788

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

<b>I. AUTHORIZED CAPITAL</b>		<b>PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)</b>	
CLASS/SERIES <b>COMMON</b>	NUMBER <b>20,000</b>	CLASS/SERIES <b>COMMON</b>	NUMBER <b>1,000</b>

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

## GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

**3. OFFICERS/DIRECTORS:** (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and

CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.  
 The above information is true and correct with changes so noted.

DATE: 2/26/9

SIGNATURE OF AUTHORIZED OFFICER.  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

Assistant Treasurer  
(OFFICE HELD)

(OFFICE HELD)

B17

B22

FILE NO.0069566D1  
Rev. 12/95



DOMESTIC PROFIT CORPORATION

MAKE REMITTANCE PAYABLE TO:  
FILING FEE: \$15.00STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISIONORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING1010 Richards Street Your cancelled check is your receipt  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

## DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1995

## CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION  
175 PAOKALANI AVE. #300  
HONOLULU HI 96815

B17 0010/073 15-3/12/96 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 20,000
CLASS/SERIES COMMON	NUMBER 2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS.

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
*V	TOMITA, SHIGERU	5175 MAKANIOLU PL HON HI 96821
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JAPAN
*AS/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET HONOLULU HI 96821
*AS	NISHIDA, YASUO	98-054 HOKUIWA ST #111 MILILANI TOWN, HI 96789
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-KU TOKYO JA 156

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and:

## CHECK ONLY ONE OF THE FOLLOWING STATEMENTS

The above information is true and correct and no changes are necessary.

The above information is true and correct with changes so noted.

DATE: Feb. 21, 1996

VICE PRESIDENT

(OFFICE HELD)

FILE NO.0079478D1  
Rev. 12/95SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)B1715  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION  
175 PAOKALANI AVE STE 300  
HONOLULU HI 96815

B17 00105876 2- 3/19/97 25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 20,000
CLASS/SERIES COMMON	NUMBER 3000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

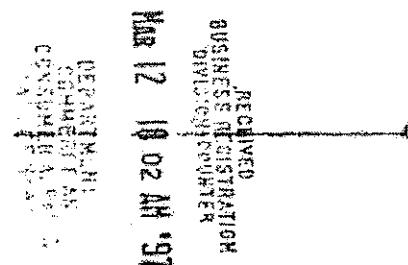
2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIO	6-20-6 SEIJO SETAGAYA-KU TOKYO JA ←
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
*V	TOMITA, SHIGERU	6175 MAKANIOLU PL. HON HI 96821
*C/D	YAMAMOTO, JIWAHE	5-45-2 MATAUBARA SETAGAYA KU TOKYO JA 156
*T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AS	NISHIDA, YASUO	95-054 HOKUIWA ST #111 MILILANI, HI 96789 ←
*D	MUKAI, FRANKLIN K	1140 WAIHOLO ST. HON HI 96821 ←



CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/28/97

FILE NO.0077678D1  
Rev. 1/97



SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

U.P.  
(OFFICE HELD)

B17 26  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

*W.H. Shiu*  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996  
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.  
175 PAAKALANI AVE STE 300  
HONOLULU HI 96815

817 DC105876 2-3/19/97 15.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 10,000
✓	20,000
To correct the above capital(s), line out and print the correct class/series and numbers on the right.	
40,000	
CLASS/SERIES COMMON	NUMBER X 16,998

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHIRO	6-20-SEIJU SETAGAYA KU TOKYO JA
*V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92040
*V	TOMITA, SHIGERU	6175 MAKANIOOLU PL HON HI 96821
*S/D	YAMAMOTO, IWANE	5-4-52 MATAUBARA SETAGAYA KU TOKYO JA 156
*I/U	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
*AT	NISHIDA, YASUO K	95-054 HOKUTWA #111 MILILANI HI 96789
*D	MURAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821

11/12/96  
RECEIVED  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII  
11/16/97

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/28/97

*W.H. Shiu*

*U.P.*

FILE NO.0061260D1  
Rev. 1/97

SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

(OFFICE HELD)

B17.26  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.  
95-176 KUAHELANI AVE  
MILILANI HI 96789

DATE ID T SEQ# FILE# TRANS#  
97/03/13 B17 3 1567 -LINE 4-1751  
TOTAL AMOUNT \$ 25.00  
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

<b>I. AUTHORIZED CAPITAL</b>		<b>PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)</b>	
CLASS/SERIES COMMON	NUMBER 20,000	CLASS/SERIES COMMON	NUMBER 10,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

## GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state (INACTIVE).)

3. **OFFICERS/DIRECTORS:** (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	1138 MAKAIWA ST HON, HI 96816
SEN	<u>YAMAMOTO, SHUNIC</u>	<del>6-16-2 MATSUBARA SETAGAYA-KU U-TOKYO, JAPAN 106</del>
T	<del>FUKUDA, TSUGIO</del>	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI, HI 96788
AS	NISHIDA, YASUO	160 HODAUA ST WAILUKU, HI 96793
D	MUKAI, FRANKLIN	1140 WAIHOLE ST HON HI 96821

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 4/21/97

SIGNATURE OF AUTHORIZED OFFICER.  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

FILE NO.0065719D1  
Rev. 1/97



B17

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.  
2545 KIAHUNA PLANTATION DR  
KOLOA HI 96756

DATE 10 T SER# FILE# TRANS  
97/03/25 B17 3 350 -LINE 4-1790  
TOTAL AMOUNT \$ 25.00  
6381801

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 20,000
CLASS/SERIES COMMON	NUMBER 3,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/O	KINOSHITA, TOSHIO	6-2G-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
T/S	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PLACE MILILANI, HI 96789
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU, HI 96799
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96711
S/B	YAMAMOTO, IWANE	5-04-2 MATSUBARA SET-TOKYO 100-0005
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HON, HI

RECEIVED  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII  
3 42 PM '97  
MAR 18 7 55 AM '97  
BUSINESS REGISTRATION  
DIVISION

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

*Yoshihiko*  
DATE: March 16, 1997

SIGNATURE OF AUTHORIZED OFFICER,

(If Attorney-in-fact signs, attach power of attorney)

(File this original. Photo copies not accepted.)

(see reverse side for instructions)

assistant Secretary

(OFFICE HELD)

FILE NO. 0063818D1  
Rev. 1/97



B17  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI, 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.  
360 PUKALANI ST  
PUKALANI HI 96788

DATE ID I SEG# FILE# TRANS  
7/7/04/07 B17 4 408 -LINE 4-1067  
TOTAL AMOUNT \$ 23.00  
69566D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
G/S	YAMAMOTO, IWANE	6-45-2 MATSUBARA SETAGAYA-KU TOKYO JA
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
O	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821
V/D	KINOSHITA, SATOSHI	1139 MACAIAWA ST HON HI 96746

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
MAR 21 1997  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: MARCH 10, 1997

FILE NO. 0069566D1  
Rev. 1/97



*James Loh*  
SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

Assistant Secretary  
(OFFICE HELD)

B17  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1996  
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION  
175 PAAOKALANI AVE STE 300  
HONOLULU HI 96815

817 00105879 2-3/15/97 \$5.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 20,000
CLASS/SERIES COMMON	NUMBER 2,000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
*P/D	KINOSHITA, TOSHICHI	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
*V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
*V	TOMITA, SHIGERU	6175 MAKANIOLU PL HON HI 96821
*S/D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-KU TOKYO JA 156
*T/D	FUKUDA, TSUGIO	2-23-7 NAKAMURA NERIMA-KU TOKYO 176 JAPAN
*S/S/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET HONOLULU HI 96821
*RS	NISHIDA, YASUO	95-054 HOKUIWA ST #111 MILILANI TOWN, HI 96789

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
MAR 12 10 24 AM '97

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/28/97

*DR. John W.*

D.P. OFFICE HELD:

FILE NO. 0079478D1  
Rev. 1/97

SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

817 25  
822

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION  
175 PAOKALANI AVE  
HONOLULU HI 96815

817 00111612 2-4/03/98 25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V	TOMITA, SHIGERU	6175 MAKANIDLU PL. HON HI 96821
S/R	YAMAMOTO, IWANE	6-46-2 MATSUBARA SETAGAYA-KU TOKYO JA 156
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AS	NISHIDA, YASUO	95-054 HOKUIWA ST #111 MILILANI, HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST. HON HI 96821

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REGISTRATION  
DIVISION  
1998 MAR 30 A 7 15

RECEIVED  
BUSINESS  
REGISTRATION  
DIVISION  
1998 MAR 30 B 22 25  
1998 MAR 30 B 22 26  
1998 MAR 30 B 22 27

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: March 24, 1998

FILE NO.0077678D1  
Rev. 1/97



SIGNATURE OF AUTHORIZED OFFICER,  
If Attorney-in-fact signs, attach power of attorney  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

DOMESTIC PROFIT CORPORATION  
MADE CHECK PAYABLE TO  
FILING FEE: \$26.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI, 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (HAWAII) CO., LTD.  
175 PAOKALANI AVE  
HONOLULU HI 96815

B17 00111609 2-4/03/98 25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL CLASS/SERIES COMMON	NUMBER 40,000	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED) CLASS/SERIES COMMON	NUMBER 16,998
---	------------------	---	------------------

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-SEIJO SETAGAYA KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR OEL MAR CA 92014
V	TOMITA, SHIGERU	6175 MAKANIOLU PL HON HI 96821
S/D	YAMAMOTO, IWANE	6-4-52 MATAUDARA SETAGAYA KU TOKYO JA 156
T/Y-D S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	NISHIDA, YASUO K	95-054 HOKUWA #111 MILILANI, HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
1998 MAR 30 A 7 15

DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
1998 APR 22 A 9 03

### CERTIFICATION

I certify under the penalties of Section 413-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 3/24/98

FILE NO. 0061260D1  
Rev. 1/97



SIGNATURE OF AUTHORIZED OFFICER  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
ATT. OF

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
1998 APR 22 A 9 03

B17  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.  
95-176 KUAHELANI AVE  
MILILANI HI 96789

DATE ID T SEQ# FILE# TRANS#  
98/02/19 B17 4 254 -LINE 4- 502  
TOTAL AMOUNT \$ 25.00  
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	10,998

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA ←
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014 ←
V/D	KINOSHITA, SATOSHI	1139 MAKIWA ST HONOLULU HI 96816 ←
S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA ←
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789 ←
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96798 ←
D	MUKAI, FRANKLIN	1140 WAIHOLE ST HONOLULU HI 96821 ←

RECEIVED  
FEB 13 3 40 PM 1998  
BUREAU OF BUSINESS REGISTRATION  
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/11/98

FILE NO. 0065719D1  
Rev. 1/97

*T. Inouye*  
SIGNATURE OF AUTHORIZED OFFICER  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

*Asst. Treasurer*

(OFFICE HELD)

B17  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.  
2545 KIAHUNA PLANTATION DR  
KOLOA HI 96756

DATE TO 7 SEAS FILED 1000  
93/03/09 B17 3 250 -LINE 4-1995  
TOTAL AMOUNT \$ 35.00  
63818D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

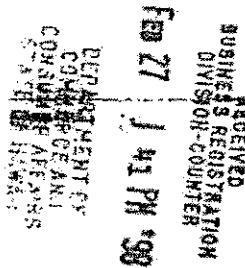
2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIQ	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	113B MAKAIWA ST HON. HI 96816
S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PLACE MILILANI, HI 96789
AS	NISHIDA, YASUO	150 HOAUNA ST WAILUKU, HI 96793
D	MUKAI, FRANKLIN K	1140 WAIHOLD ST HON HI 96821



CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: February 25, 1998

*James L. Shinko*

SIGNATURE OF AUTHORIZED OFFICER  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

Asst. Secretary  
(OFFICE HELD)

FILE NO.0063818D1  
Rev. 1/97



B17  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI, 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.  
360 PUKALANI ST  
PUKALANI HI 96788

DATE ID # SED# FILE# FRAG#  
98/03/31 017 3 261 LINE 4-2155  
TOTAL AMOUNT # 25.00  
6956601

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	1,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HONOLULU HI 96816
V/D	KINOSHITA, TAKESHI	1374B CONDESA DR DEL MAR CA 92014
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
AS	NISHIDA, YASUO	160 HGAUNA ST WAILUKU HI 96793
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HONOLULU HI 96821
D	YAMAMOTO, IWANE	5-45-2 MATSUBARA SETAGAYA-KU TOKYO JAPAN

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
1998 MAR 19 A-749

DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: February 12, 1998

*James H. White*  
SIGNATURE OF AUTHORIZED OFFICER

If Attorney-in-fact signs, attach power of attorney

(File this original. Photo copies not accepted.)

(see reverse side for instructions)

Assistant Secretary  
(OFFICE HELD)

B17  
B22

FILE NO.0069566D1  
Rev. 1/97



DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1997  
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION  
175 PAAOKALANI AVE  
HONOLULU HI 96815

617 00111610 2-4/03/98 25.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right:

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state (INACTIVE).)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JAPAN
V/D	KINOSHITA, TAKESHI	COSTA DEL MAR ROAD CARLSBAD CA 92009
V	TOMITA, SHIGERU	6175 MAKANTOLU PL HON HI 96821
S/D	YAMAMOTO, IWANE	6-46-2 MATSUBARA SETAGAYA-KU TOKYO 14-106
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JAPAN
AS/D	MUKAI, FRANKLIN K	1140 WAIHOLE STREET HONOLULU HI 96821
AS	NISHIDA, YASUD	95-054 HOKUIWA ST #111 MILILANI TOWN, HI 96788

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BUSINESS REGISTRATION  
DIVISION

MAR 30 A 11:11

DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

WMC

DATE: March 24, 1998

FILE NO. 0079478D1  
Rev. 1/97



SIGNATURE OF AUTHORIZED OFFICER.  
(If Attorney-in-fact signs, attach power of attorney.)  
(File this original. Photo copies not accepted.  
(see reverse side for instructions)

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
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B22 MAR 9 03

DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998  
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO RESORT HOTEL CORPORATION  
175 PAOAKALANI AVE  
HONOLULU HI 96815

B17 00103532 13- 3/23/99

43.00

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V	TOMITA, SHIGERU	6175 MAKANIOLU PL HON HI 96821
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AS	NISHIDA, YASUO	95-054 HOKUIWA ST 111 MILILANI HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HON HI 96821

RECEIVED  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
HONOLULU, HAWAII

Mar 9 7 1999

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/19/99

*DR. J. Smith*

V.P.

(OFFICE HELD)

FILE NO.0077678D1  
Rev. 1/97



SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(Pile this original. Photo copies not accepted.)  
(see reverse side for instructions)

B17 25  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:   
FILING FEE: \$25.00

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998

**CORPORATE NAME AND MAILING ADDRESS:**

SPORTS SHINKO (HAWAII) CO., LTD.  
175 PAAOKALANI AVE  
HONOLULU HI 96815

817 00103524 14- 312377

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

<b>I. AUTHORIZED CAPITAL</b>		<b>PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)</b>	
CLASS/SERIES COMMON	NUMBER 40,000	CLASS/SERIES COMMON	NUMBER 16,998

To correct the above capital(s), fine out and print the correct class/series and numbers on the right.

## 2. NATURE OF BUSINESS:

## HOLDING COMPANY

(To correct, line out and print corrections below. If inactive during the period, state **INACTIVE**)

3. **OFFICERS/DIRECTORS:** (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODES)
P/D	KINOSHITA, TOSHIO	6-20-SEIJO SETAGAYA KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V	TOMITA, SHIGERU	6175 MAKANIOLU PL HONOLULU HI 96821
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	NISHIDA, YASUO K	95-054 HOKUIWA ST #111 MILILANI HI 96783
D	MUKAI, FRANKLIN K	1140 WAIHOLE ST HONOLULU HI 96821

RECEIVED  
SUSSEX COUNTY  
CIRCUIT COURT  
NOV 9 1968

## CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 1/19/94

 Dr. John W. Smith

Vol.

FILE NO.0061260D1  
Rev. 1/97

FILE NO.0061260D1  
Rev. 1/97

SIGNATURE OF AUTHORIZED OFFICER.  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

OFFICE HELD

B17 25  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (MILILANI) CO., LTD.  
95-176 KUAHELANI AVE  
MILILANI HI 96789

DATE 10 T SEQ# FILE# TRAN#  
99/03/18 B17 4 39 -LINE 4- 868  
TOTAL AMOUNT \$ 25.00  
65719D1

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 20,000
CLASS/SERIES COMMON	NUMBER 10,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	13749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HONOLULU HI 96816
S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
AS	NISHIDA, YASUGU	160 HOAUNA ST WAILUKU HI 96793
D	MUKAI, FRANKLIN	1140 WAIHOLE ST HONOLULU HI 96821

RECEIVED  
BUREAU OF BUSINESS REGISTRATION  
DEPARTMENT OF  
COMMERCE AND  
CONSUMER AFFAIRS  
STATE OF HAWAII  
FEB 25 1999 PH. 868

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/22/99

*T. Fujimoto*  
SIGNATURE OF AUTHORIZED OFFICER  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

Asst. Treasurer  
(OFFICE HELD)

FILE NO.0065719D1  
Rev. 1/97



B17  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI 96810

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998  
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (KAUAI) CO., LTD.  
2545 KIAHUNA PLANTATION DR  
KOLOA HI 96756

DATE ID T SEQ# FILE# TRANS  
99/04/05 B17 4 468 4-LINE 4- 888  
TOTAL AMOUNT \$ 25.00  
6381801

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	3,998

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

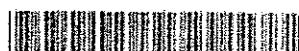
OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	19749 CONDESA DR DEL MAR CA 92014
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HON HI 96816
S/T	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERI TOKYO 176 JA
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
D	MUKAI, FRANKLIN K.	1140 WAIHOLO ST HON HI 96821

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/26/99

FILE NO. 006381801  
Rev. 1/97



*Franklin K. Mukai*  
SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

Assistant Secretary  
(OFFICE HELD)

B17  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$26.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street

ORIGINAL RETURN BY MARCH 31  
PENALTY FOR LATE FILING

*VJZ*  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998

CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.  
360 PUKALANI ST  
PUKALANI HI 96788

DATE ID T SEQ# FILE# TRANS#  
99/04/22 B17 4 208 -LINE 4- 928  
TOTAL AMOUNT \$ 25.00  
6956601

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

1. AUTHORIZED CAPITAL	PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)
CLASS/SERIES COMMON	NUMBER 20,000
CLASS/SERIES COMMON	NUMBER 1,000

To correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHI	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, SATOSHI	1139 MAKAIWA ST HONOLULU HI 96816
V/D	KINOSHITA, TAKESHI	13748 CONDESA DR DEL MAR CA 92014
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
AS	NISHIDA, YASUO	160 HOAUNA ST WAILUKU HI 96793
AT	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL MILILANI HI 96789
D	MUKAI, FRANKLIN K	1140 WAIHOLD ST HONOLULU HI 96821
O	YAMAMOTO, IWANE	6-45-2 MATSUBARA SETAGAYA-KU TOKYO JA

**CERTIFICATION**

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

*W.M.L.*  
DATE: 2/13/99

FILE NO. 0069566D1  
Rev. 1/97



*James Lihula*  
SIGNATURE OF AUTHORIZED OFFICER,  
(if Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

Assistant Secretary  
(OFFICE HELD)

B17  
B22

DOMESTIC PROFIT CORPORATION  
MAKE CHECK PAYABLE TO:  
FILING FEE: \$25.00

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BUSINESS REGISTRATION DIVISION  
1010 Richards Street

ORIGINAL-RETURN BY MARCH 31  
PENALTY FOR LATE FILING

*W.M.*  
Mailing Address: Annual Filing, P.O. Box 40, Honolulu, HI. 96810

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 1998  
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (WAIKIKI) CORPORATION  
175 PAOAKALANI AVE  
HONOLULU HI 96815

B17 00103530 13- 3/23/99

U.S.A.

If the above mailing address has changed, line out address and type or print the new address on the following line. Give Number, Street, City, State, and Zip Code:

AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS/SERIES	NUMBER	CLASS/SERIES	NUMBER
COMMON	20,000	COMMON	2,000

To Correct the above capital(s), line out and print the correct class/series and numbers on the right.

2. NATURE OF BUSINESS:

TO OWN AND OPERATE HOTELS

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. OFFICERS/DIRECTORS: (List all officers and directors. Every corporation must have a minimum of two individuals as officers. At least one director must be a resident of Hawaii. To correct, line out and print corrections on the right. See instructions on back of form.)

OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	RESIDENCE ADDRESS: (DO NOT LIST BUSINESS ADDRESS) (INCLUDE NUMBER & STREET, APT. NO., CITY, STATE & ZIP CODE)
P/D	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU TOKYO JA
V/D	KINOSHITA, TAKESHI	COSTA DEL MAR RD CARLSBAD CA 92009
V	TOMITA, SHIGERU	6175 MAKANIOLU PL HONOLULU HI 96821
S/T/D	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU TOKYO 176 JA
AS/D	MUKAI, FRANKLIN K	1140 WAIHOLD ST HONOLULU HI 96821
AS	NISHIDA, YASUO	95-054 HOKUIWA ST #111 MILILANI HI 96769

RECEIVED  
BUSINESS REGISTRATION  
DIVISION  
DEPARTMENT OF COMMERCE  
MARCH 23, 1999

MR. 9 7 31 AM '99

CERTIFICATION

I certify under the penalties of Section 415-136, Hawaii Revised Statutes, that I have read the above and the information is true and correct.

DATE: 2/19/99

*Dee Smith*

SIGNATURE OF AUTHORIZED OFFICER,  
(If Attorney-in-fact signs, attach power of attorney)  
(File this original. Photo copies not accepted.)  
(see reverse side for instructions)

(OFFICE HELD)

FILE NO. 0079478D1  
Rev. 1/97



B17  
B22